

Christopher J. O'Brien

7 Brookdale St. Apt. 5

Wolcott CT 06716

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Sen. Coleman, Rep. Fox and Honorable Members of the Judiciary Committee,

The intent of HB 6554, AN ACT CONCERNING EMERGENCY MEDICAL ASSISTANCE FOR PERSONS EXPERIENCING A DRUG OVERDOSE, is to save lives. Certainly we all want that, however the implications of enacting this bill into law will have the opposite effect. More people will remain addicted to dangerous drugs and therefore possibly lose their lives and cause further distress in their familial relationships. I'm a paramedic and am in the life saving business. And I oppose this bill.

Proponents of this bill assert that they have a choice between saving a person's life or allowing them to die because they fear arrest for conduct they know is illegal. I think the answer for a rational person in this situation should be obvious. However, because this question is posed, it illustrates the detrimental affect drugs have on our society as well as our individual priorities: to let my friend die instead of me being arrested. How sad.

This bill provides an opportunity to educate the public on this important life or death struggle and I hope you'll consider the following points. You are welcome to pass this information on to others so that we can continue try to save lives in the hopes for brighter and healthier families.

1. I have rarely, if ever witnessed a doper arrested when the primary reason for a 911 call is for medical assistance. Officers have wide discretion and entrust the person that they are seeking treatment when they arrive at the hospital. State prosecutors also have another layer of discretion. The fact that prosecutions are the exception and not the norm should make this bill unnecessary.

2. While not actually carried out, the coercive threat of arrest is a tool often used to encourage such individuals to go to the hospital that otherwise would not after being revived on scene. Without this coercive threat, the majority of these patients could endanger themselves further while the corrective medications employed on scene by paramedics wear off and threaten the user with a relapse only minutes or hours later.

3. Unfortunately, seeking immediate treatment at a local emergency department does not mean an individual will seek long term counseling for their addiction. Upon arrival to an

emergency room patients often leave the hospital as soon as they can legally refuse treatment. It is not unusual for some to walk out in hospital gowns and IV hanging out of their arms against medical advice. Yet, at this point it is often the best we chance we have for getting people to obtain self-help. And it often doesn't work.

4. EMS training is not to enter a potentially unsafe scene without police. Many scenes have potential risks to responders. Even family members and bystanders who are attempting to help sometimes become hysterical or unstable on scene. An arrest may sometimes be necessary because of factors or behavior found which could threaten the safety of responders.

5. This bill has no protection to motorists endangered by persons who overdose while at the wheel. Persons are sometimes found passed out at the wheel... often with the vehicle in gear; this bill may make it more difficult to use drug evidence as proof that the motorist endangered other drivers.

6. There is no protection for the welfare of children in this bill. Evidence today can be used to bring charges of endangering the welfare of a child if a drug overdose occurs in or near the presence of a child dependent on the care of that person. If this bill passes, it could not.

7. The language of the bill goes far beyond the intent. It fully decriminalizes the possession of ANY drug – including PCP, methamphetamines, ecstasy, cocaine and heroin simply by requesting treatment at a hospital. This type of abuse of the EMS system as a 'get out of jail free' card will occur.

If you have any questions regarding these kind of scenes, or the training and scenarios a paramedic or police officer might encounter in these situations, please don't hesitate to contact me.